

# **KEYS TO HOUSING: A 10-YEAR PLAN TO END CHRONIC HOMELESSNESS IN SANTA CLARA COUNTY**

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**A Blueprint for the Communities of Santa Clara County  
California**

May, 2005

# MEMBERS OF THE SANTA CLARA COUNTY TASK FORCE TO END CHRONIC HOMELESSNESS IN 10-YEARS

<b>Board of Supervisors</b>	
Co-Chair	Supervisor Don Gage, Maureen O'Malley-Moore
Co-Chair	Supervisor Jim Beall, Jr. Jean Cohen
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Gilroy	Marilyn Roaf, HCD Coordinator Chair of the <i>Outreach to and Engaging Unhoused People Working</i>
Los Altos	Susan Russell
Los Altos Hills	Maureen Cassingham, City Manager, Steve Garcia
Los Gatos	Barry Bakken, Chair, Community Services Commission
Milpitas	Felix Reliford, Principal Housing Planner
Mountain View	Adriana Garefalos, Senior Planner, CDBG
Palo Alto	Kathy Espinoza-Howard, Director, Cubberly Community Center
San Jose	Ken Yeager, City Council Member, Chair of the <i>Housing Working Group</i>
Santa Clara	Patricia Mahan, Mayor
Sunnyvale	Ron Swegles, Vice Mayor
<b>County Departments</b>	
Mental Health Department	Nancy Peña, Director, Bruce Copley
Alcohol and Drug Services	Robert Garner, Director
Social Services Agency	Will Lightbourne, Director
"	Frank Motta, Housing Department Chair of the <i>Access to Mainstream Benefits and Employment Working Group</i>
"	Cynthia Stoops, Family and Children's Services
Department of Correction	Edward Flores, Chief Chair of the <i>Prevention Working Group</i>
Court System	Stephen V. Manley, Judge
Office of the Sheriff	Laurie Smith, Sheriff, Steven Angus
Office of Affordable Housing	Marjorie Matthews, Director
<b>Housing and Homeless Services</b>	
County Homeless Coordinator	Margaret Gregg
City of San Jose Homeless Coordinator	Ray Tovar Chair of the <i>Assessing Need and Measuring Success Working Group</i>
Housing Authority of the County of SC	Candy Capogrossi, Deputy Director
SCC Collaborative on Affordable Housing and Homeless Issues	Poncho Guevara, Collaborative Chair
Homeless Advocate	Norm Carroll
Homeless Advocate	Douglass Murphy
Advocate for Emancipated Youth	Nistha Jolly
Emancipated Youth	
<b>Community and Business</b>	
Working Partnerships USA	Bob Brownstein
SVMG/Housing Action Coalition	Shiloh Ballard
United Neighborhoods	Ed Rast
Home Builders Association of No. Ca.	Beverly Bryant
The Nolan Foundation	William Nolan

<b>Federal and State Government</b>	
Interagency Council on Homelessness	<b>Ed Cabrera, Interagency Homeless Coordinator, Region IX</b>
Congressional District 14 - Anna Eshoo	<b>Lily Toton, Field Representative, Sandra Soto, Chief of Staff</b>
Congressional District 15 - Mike Honda	<b>Bernardette Arellano, Field Representative</b>
Congressional District 16 - Zoe Lofgren	<b>Zoe Lofgren, Congresswoman, Kathleen Collins, Congressional Assistant</b>
California State Assemblywoman Sally Lieber (District 22)	<b>Harry Adams, Principal Consultant</b>
<b>Funders</b>	
United Way Silicon Valley	<b>Mark Walker, President &amp; CEO Chair of the <i>Funding Working Group</i></b>
Housing Trust	

## Additional Members of the Working Groups to the Task Force

In addition to the Task Force members who chaired and participated in the Working Groups, and are not re-named here, many people gave their time and talent in the Working Group process. Six different Working Groups met three times each to make recommendations on Plan content to the Task Force. The Task Force thanks all of these community members.

Eve Agiewich	Holly Herrell
Wolfram Alderson	John Holland
Ray Allen	Kristie Kesel
Betsy Arroyo	Sherry Holm Lebow
Lee Barford	Lynn Magruder
Laura Barreras	Gloria Malander
Chris Block	Lynne Martin
Courtney Bober	Christine McNulty
Katherine Bock	Wilma McQuarters
Carolyn H. Brown	Lynn Morison
Dina Campeau	Sandra Murillo
Rita Castro-Hawkin	Arlette Musallam
Tracey Chew	Laura Nichols
Michelle Covert	Jenny Niklaus
Trish Crowder	Nancy Noel
Jeff Davis	Maria Eva Pangilinan
Jeff Dennis	Sandy Perry
Wendy Denton	Bonnie Reed
Mary Helen Doherty	Maria Romero-Aranda
Bob Dolci	Denise Scoval
Alison Dougherty	Edith Sona
Yolanda Engiles	Art Taylor
Amy Estes	Doug Taylor
Vicky Garcia	Lynn Terzian
Grace Gillis	Susan Walsh
Carol Gogstad	Phyllis Ward
Jose Gonzalez, Sr.	Barbara Zahner
Sparky Harlan	

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# THE CONTENTS OF OUR BLUEPRINT

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## **Orientation to the Plan:**

The Goal: We Will End Long-Term Homelessness in Santa Clara County within 10 Years

We Know How to End Long-Term Homelessness in 10 Years

Our Outcome Objectives

## **The Strategies and Action Steps:**

Prevention of Chronic Homelessness, page 14

Permanent Housing with Supportive Services, page 18

Engaging Unhoused People in our System of Services and Housing, page 22

Increasing Incomes through Benefits Access and Employment, page 26

Garnering the Resources, page 32

Plan Administration, page 39

## **Appendix A**



## OUR GOAL

*What is “long-term” or “chronic” homelessness?*

This plan is a blueprint toward ending homelessness for individuals and families who have been

- unhoused for more than a year, or who have had four episodes of homelessness within three years;
- live in a place not meant for humans to live or live in an emergency shelter; and
- who are disabled with a mental health condition, physical illness, or substance abuse problem.

Data show that those who are chronically homeless utilize most of the community’s resources within the homeless service system and are costly to mainstream systems because of frequent interactions with hospitals, mental health crisis services and the criminal justice system.

*What about others who are unhoused?*

The community must continue to implement strategies toward preventing and ending *all* homelessness. This plan is not meant to supplant those efforts. **Especially important to this end is the development of housing which is affordable to those with extremely low incomes.** As we are successful in ending long-term homelessness, our resources to end all homelessness in Santa Clara County will increase.

## **The Goal: We Will End Long-Term Homelessness in Santa Clara County within 10 Years**

Santa Clara County is home to many nationally-recognized, best-practice and evidenced based programs which assist people who are unhoused regain and then maintain permanent housing which they can afford.

When people become stably housed, the quality of life indicators traditionally recognized in this community vastly improve: health, education, employment, engagement in the community.

For that family or person stably housed, the cost of support the community bears for emergency housing, jail, health care and income supports *significantly* decreases.

So why haven't we ended homelessness here? Because we haven't coupled the rich knowledge and experience of this community with the resources to implement *to scale* the sound policies we know work.

We are ready to bring an end to the human misery and lost potential and to invest in cost-effective strategies to end long-term homelessness in this County within 10 years.

### **What Causes Homelessness?**

Homelessness arises from the intersection between personal hardship or failure and systemic breakdowns.

These personal hardships include:

- Mental health conditions and/or alcohol or drug addiction
- Generational poverty
- Lack of family and social networks
- Lack of education and job skills
- Domestic violence or divorce
- Serious illness

Systemic breakdowns include:

- Lack of affordable housing
- Cutbacks in health, mental health and alcohol and drug treatment services
- Lack of other key services, including affordable child care, transportation, education and job training
- The lack of employment opportunities at a wage affordable for housing



**WE CAN SUCCEED**

### **Homelessness in Santa Clara County**

According to the 2004 Santa Clara County Homeless Census and Survey, there are 7,646 unhoused people at a point in time in Santa Clara County, a conservative number since it does not include the marginally housed.

Of these, 35% are chronically unhoused individuals, and in addition, there are chronically unhoused families.

Over one-third of unhoused people were in shelter facilities and nearly 2/3 were unsheltered. At least 16% of unhoused people in the street and shelters were in families; approximately 11% of survey respondents had children under the age of 18 living with them.

One in five survey respondents reported that the primary cause of their homelessness was due to alcohol or drug use. Further, almost half of all homeless respondents have experienced alcoholism or drug addiction. Other key causes of homelessness included economic factors such as job loss, unemployment and the inability to pay the rent or mortgage.



## We Know How to End Long-Term Homelessness in 10 Years

We will end long-term homelessness in this community by:

▼ Preventing its occurrence.

Most people who are chronically homeless cycle through our health and hospital, criminal justice and/or foster care systems. Our systems aren't uniformly coordinated well to link a person exiting one of those systems with the support and housing needed. Consequently, many now are discharged into homelessness. Under the 10-Year Plan our systems will become "housing conscious" - immediately assessing housing status of those entering, and then beginning to plan for discharge, linking all to case managers to facilitate housing and services at exit.

▼ Providing permanent housing with access to treatment, services and income to facilitate long-term housing retention.

People who have lived on the streets for years and who have been resistant to accessing our services and housing in the past, will not be required to access a continuum of interim housing - shelter, then transitional housing - before accessing permanent housing. Data is clear that the stability occasioned by permanent housing placement with supportive services available results in permanent housing retention and the elimination of homelessness.

▼ Engaging chronically unhoused people to use our services and housing.

Many chronically unhoused people need specialized, intensive assistance in order to get back into housing and to be linked with the services and treatment they need for ongoing stability. They suffer from serious mental health conditions, drug or alcohol addiction and chronic physical illnesses. Making them even more difficult-to-serve, many have more than one of these conditions. Not having been able to get the help they need, many have grown increasingly distrustful of the service system and isolated. We will utilize specially trained outreach teams to make contact with individuals on their terms and in the locations where they typically congregate to first develop a trusting relationship and address immediate needs and then to provide the intensive assistance necessary when clients are ready and able.

▼ Accessing Income Supports and Employment.

Chronically unhoused people are not accessing government benefits for which they are eligible for reasons that include a lack of information, difficulties in completing all the different application requirements and producing the necessary documentation, and/or fear or reluctance to access the service system because of previous negative experiences. Our 10-Year Plan calls for a streamlined one-stop benefits assessment and application process and presumed eligibility for some benefits so that unhoused people can immediately reap of the benefits of income. Some chronically unhoused people are able to work, especially if positions are customized to their particular skills and abilities. Our 10-Year plan calls for employers to participate in customized employment programs. As unhoused people garner living wages, their need for subsidized housing will decrease.

▼ Establish an infrastructure to ensure success.

Our plan incorporates a strong Plan Implementation Oversight design, mechanisms for measuring and publishing success and for garnering the financial resources which will be required to end homelessness.

▼ Engage the entire community.

Woven throughout this plan are strategies which acknowledge that our success in ending long-term homelessness requires the participation of all of the community. Business, labor, philanthropy, government, nonprofits, faith based organizations, unhoused people, neighborhood associations, housing developers, funders, citizens and real estate associations -- all have a role to play.

## Our Outcome Objectives

### *Housing:*

The number of chronically unhoused people living in Santa Clara County will decrease each year so that chronic homelessness is ended in the community in 10 years. While our first outcome objective will be measured by success after 5 years, in order to meet the outcome we anticipate aggressive work in years 1-5 to increase units available to chronically homeless people. The number of housing units needed will be adjusted throughout the term of this plan and so the outcome objective is stated in terms of the percentage of then-needed units becoming available:

Year 5:	50%
Year 6:	60%
Year 7:	70%
Year 8:	80%
Year 9:	90%
Year 10:	100%

The number of chronically unhoused people residing in the County will be determined by Homeless Management Information System (HMIS) data and the biennial street count.

### *Prevention:*

1. The number of people in our community discharged from:
  - the foster care system into homelessness
  - mental health institutions into homelessness
  - correctional institutions into homelessness
  - hospitals and medical clinics into homelessness

will decrease by:

Year 2:	50%
Year 5:	75%
Year 10:	100%.

2. People who are housed in permanent housing through discharge planning efforts will retain their housing for at least two years.

The overall number of people prevented from becoming homeless will be determined by:

- ⇒ the number of “newly homeless people” from HMIS data
- ⇒ the number of people who have returned to homelessness, the number of days they were homeless and the length of time between episodes of homelessness, from HMIS data]

***Outreach:***

1. 25% of those engaged will connect to services and/or housing within 6 months.
2. Information regarding homeless targeted housing and services available in the community will be accessible in real time by:
  - Year 1           70% complete
  - Year 3           100% complete
3. County homeless housing and services data systems will be integrated into a central database within 5 years.
4. Of the chronic homeless population outreached to through the ACT team, this percentage will be housed:
  - Year 1:           10% will be housed
  - Year 2:           25% will be housed
  - Year 5:           60% will be housed
  - Year 10:          100% will be housed
5. All chronically homeless people housed will maintain their housing for at least 2 years.

The change in number of people who access our services and housing system will be measured by HMIS data.

***Accessing Mainstream Benefits and Employment:***

1. 100% of chronically unhoused people who seek income benefits will be assessed for benefits.
2. 100% of chronically unhoused people assessed will receive the income benefits to which they are entitled.

3. 100% of those who seek a health-related assessment will be assessed.
4. 100% of those assessed as needing health-related treatment will receive treatment.
5. Universal adoption and use of standard holistic health assessment for all unhoused people will occur by the end of Year 1.
6. The number of new detoxification beds for chronically unhoused people will increase by at least 10% annually until data indicates that there is no longer a need to increase.
7. The number of chronically unhoused people employed will increase by 10% annually in years 1-5, and then by 50% annually between years 6-10.
8. The number of chronically unhoused people earning a living wage will increase by 10% annually in years 1-5, and then by 50% annually between years 6-10.

# PREVENTION OF CHRONIC HOMELESSNESS

Santa Clara County (SCC) has excellent models of effective discharge planning programs which:

**Provide Intensive Case Management for Frequent Users of Hospital Emergency Departments through a Mainstream, Homeless-Targeted, Philanthropic Collaboration:** The Hospital Council of Northern and Central California (HCNCC) has developed a countywide intensive case management program for frequent user patients of hospital emergency departments in SCC called the New Directions project. This is a collaborative project among County and nonprofit agencies and SCC hospitals, funded by the Health Trust, to eliminate unnecessary use of emergency departments and reduce avoidable hospitalizations. HCNCC and its partners increase linkages to primary care and community resources, such as housing, mental health, transportation, and substance abuse treatment programs; to further assess patients' psychosocial needs; and to refine the case management model. Project partners include the County Office of Affordable Housing, Department of Alcohol & Drug Services, Department of Mental Health, Social Services Agency, Valley Medical Center, and O'Connor, Saint Louise Regional and Stanford Hospitals.

**Provide Chronically Homeless People Services in Lieu of Incarceration through the SCC Adult Dual Diagnosis Treatment Drug Court.** SCC's Adult Dual Diagnosis Treatment Drug Court provides substance abuse treatment for adults who are charged in adult criminal courts and might otherwise be sentenced to jail. The court is designed to target effective treatment services to break the cycle of criminal behavior, alcohol or drug abuse and incarceration, by funding alcohol and drug treatment and additional services that support substance abuse treatment. SCC is utilizing a three-year SAMHSA grant to provide expanded services to about 275 new clients in its Drug Court, of which 50% will be homeless.

**Link those discharged from jail with services.** Through the PALS (Providing Assistance with Linkages to Services) program. Upon release from jail, clients are given direct assistance to help them access County and community services. Examples of these services include medication support, mental health services, on-going substance abuse services, housing assistance and help with obtaining SSI and other entitlements. The goal of the program is to promote engagement in treatment and support services, which will assist them in maintaining stability.

## **PREVENTION**

### ***Prevent Homelessness Through Effective Discharge Planning***

*PREVENTION* of homelessness is the most cost-effective and humane way of addressing homelessness. Many people become homeless upon discharge from public institutions, including hospitals and other health and mental health care facilities, jails and prisons and the foster care system. *DISCHARGE PLANNING* is an effective prevention strategy that focuses on ensuring that people leaving public institutions are linked with the housing and support services they need to avoid becoming homeless.

#### **Strategy #1 Screen for homelessness and at-risk status during initial intake with clients entering healthcare, criminal justice and foster care systems and initiate case management services immediately.**

Effective discharge planning begins with early identification of clients who will need assistance to avoid being discharged into homelessness. This assistance includes not only planning for housing but also addressing other related service needs.

##### *Action Steps*

- ⇒ Develop a uniform web-based assessment tool and provide staff training in conducting assessments.
- ⇒ For clients identified as homeless or at-risk, provide triage services addressing immediate needs for physical health care, mental health care and shelter for the night.
- ⇒ Initiate case management services as early as possible to address longer-term needs, including need for housing at time of discharge. Case management can either be provided through on-site case managers at the facility or through referral to the centralized case management team depending on the length of time the person is in the system prior to discharge.

#### **Strategy #2 Establish a Countywide centralized case management team to provide assistance to clients while in public institutions and plan for discharge.**

Case management is the key to effective discharge planning as it is the case manager that assists clients in identifying their needs and linking them with housing and support services to ensure ongoing stability. In addition to helping clients access housing, case managers help link them to benefits, health and mental health care, substance abuse treatment, employment and training, credit counseling, legal assistance, and transportation.

### *Action Steps*

- ⇒ After initial assessment upon entry into the system, provide case management services to clients who are homeless or at-risk to address immediate service needs and plan for housing and service needs upon discharge. As appropriate, involve client's next-of-kin and members of their networks to assist in helping them to regain stability.
- ⇒ Implement a community case management model, such as utilized by the New Directions project, whereby case managers follow clients from moment of referral until they are stabilized in permanent housing.
- ⇒ Enhance Homeless Management Information System to facilitate information-sharing among discharging institutions, housing providers, service providers and the centralized case management team.

### **Strategy #3 Divert unhoused people arrested for public inebriation and nuisance violations from the criminal justice system.**

Arresting unhoused people for petty offenses is both expensive and ineffective. A more successful way to avoid further problems and unnecessary recycling in and out of jail is to refer them to other facilities that can better address the roots of their problems, including both their homelessness and any mental health or addiction disabilities that contribute to their inappropriate behavior.

### *Action Steps*

- ⇒ Develop new criminal justice system policies so that public inebriation due to drugs or alcohol and disruptive behaviors and nuisance crime violations due to inebriation or mental illness are not chargeable offenses.
- ⇒ Create temporary overnight sobering centers so that police can divert clients to these facilities rather than putting them in jail or dropping them off at shelters and hospitals. Create appropriate incentives for police to utilize these facilities.
- ⇒ Create alternatives to incarceration for mentally ill clients, including temporary overnight mental health centers and lock-down facilities.

### **Strategy #4 Provide necessary assistance to youth to prevent homelessness and assist them in achieving self-sufficiency.**

There is a strong correlation between participation in the foster care system and homelessness; nationwide, as many as 25% of youth in the foster care system end up homeless within 2-4 years. For this reason, it is extremely important to assist youth in making the transition from foster care to independence. This involves not only helping



them to access housing, but also making sure they have the education, job skills and life skills necessary to be self-sufficient. In addition, in order to achieve successful independence, some youth need treatment for health, mental health or addiction problems.

#### *Action Steps*

- ⇒ Educate those who interact with youth (teachers, doctors, after-school program providers, counselors, etc.) about the signs of homelessness and at-risk status and about the resources available to assist youth in this situation.
  
- ⇒ Establish a post-emancipation case management program for “graduating” foster youth to facilitate successful independent living.
  
- ⇒ Create an option for foster youth to emancipate between 18 to 21 years of age (or until academic studies are finished), thus allowing continued support from the State for those youth who chose to emancipate later than 18 years of age. Youth in this range could continue to reside in foster parent’s home or move to supported housing as long as they continue in post-secondary school education or job training/vocational education.

# PERMANENT HOUSING WITH SUPPORT SERVICES

## *What is permanent housing under this Plan?*

- ❖ Unit with a place to:
  - Sleep
  - Cook (microwave, refrigerator, stove)
  - Bathe
- ❖ Provides residents with rights of tenancy
- ❖ At a rental the tenant can afford, up to 30% of their income
- ❖ Accessible (universal design)
- ❖ Meets code for safety
- ❖ Is linked to voluntary and flexible supports and services designed to meet resident's needs and preferences (for permanent supportive housing)

Did you know, Santa Clara County has many excellent permanent supportive housing projects and two housing first projects:

**Off the Streets to Permanent Housing, Harm Reduction Program:** Utilizing federal Health and Human Services, Substance Abuse and Mental Health Services Agency (SAMHSA) implementation grant, and led by the City of Palo Alto Human Services Director, the northern SCC and adjoining southern San Mateo cities met monthly to implement the exemplary best practice to respond to chronic homelessness identified in the planning phase of this project. The group agreed on and specifically designed best practices in outreaching to, engaging, housing and serving people who have been living on the streets (the project is called Off the Streets). This planning group consisted of approximately 25 community experts from a wide-range of organizations, including police departments, human service providers, housing developers, business leaders and homeless and formerly unhoused people. The housing/services portion of the project is based on New York's Pathways to Housing Program, and when fully implemented will house and serve 100 formerly chronically unhoused people. In December, 2004, InnVision: The Way Home sponsored the first phase of implementation, by housing 15 people through master-leasing.

**Housing Homeless Families Utilizing Housing First Approach:** Housing First is a methodology to shorten stays for families in emergency shelters and rapidly re-house them in their own apartments. The Charles and Helen Schwab Foundation, the Emergency Housing Consortium, the Housing Industry Foundation, InnVision, the Housing Authority of SCC and the Sobrato Family Foundation collaborated to pilot a Housing First approach in SCC. The goal of the project is to relocate at least 125 homeless families annually into permanent affordable housing as quickly as possible, providing follow-up case management services to ensure their stability. The Schwab Foundation has allocated \$410,000 to the Housing First initiative for grants and evaluation; the Sobrato Family Foundation and the Housing Industry Foundation are contributing \$50,000 each. In addition, the Collaborative originally leveraged a commitment of 100 Section 8 vouchers per year to the program, worth at least \$1.4 million annually.

## *HOUSING*

### *Provide Permanent Housing with Supportive Services Available That is Affordable to Chronically Unhoused people*

It is axiomatic that homelessness does not end until a person becomes housed. Santa Clara County will utilize a “Housing First” approach to ending homelessness. “Housing First” identifies housing as the basis for all the other work that people who are unhoused must do to regain stability and enhance self-sufficiency. It first seeks to assist people in accessing stable housing as quickly as possible.

Once in housing, it works to link tenants with services and supports to address other needs. For some, transitional services for a limited time is all that is needed, while for others, long-term support is necessary.

As services are accessed, income should increase either by way of government benefits or employment. We anticipate that some of those housed will be able in a short time to sustain their tenancy in a permanent unit priced at a rate affordable to people with extremely low incomes; that others will require rental subsidies for a year or two as they work their way back into the job market and that a third group will require continual rental subsidies because of an inability to work and government income benefits at levels insufficient to support housing. We also expect over time that some tenants will be economically able and chose to transition to unsubsidized housing.

While we value the permanent affordability of units we “own,” we cannot wait to acquire/develop all the units we need and therefore will master-lease units, seeking long-term rental agreements with rental caps.

Finally, while this plan calls for the development of units for chronically unhoused people, it is important that these efforts not supplant efforts to develop housing for nonchronically unhoused people. Continued production of units affordable to those with extremely low incomes is necessary for all homelessness in the community to end.

#### **Strategy #1 Increase by 2,500 the number of units of permanent housing available to chronically unhoused people.**

We will increase units available for chronically unhoused people by master-leasing, building, purchasing and/or rehabilitating units of permanent housing.

### *Action steps*

- ⇒ Monitor the number of units needed: The number of units needed to end chronic homelessness is determined by:
  - The number of people currently homeless (accounting for families who need one unit with additional bedrooms); plus
  - Those who will be discharged from prison, jail, health care, mental health care and foster care systems into homelessness and who entered as a chronically unhoused person; plus
  - The number of unhoused people who are at-risk of becoming chronically homeless: those who have been homeless for more than 10 months, or three times over two years, who are disabled and who are living either in a place not meant for human habitation or in emergency shelter; plus
  - The number of ELI units we anticipate losing; less
  - Units in the pipeline.

The number of units we need to develop should be reviewed every other year using the above formula after the street count has been completed.

- ⇒ Lease and develop units at a pace to ensure that units will become available immediately, that affordability is sustained and that we meet our goal of ending homelessness in 10 years.
  - Utilize different housing structures and venues to accommodate the community's housing stock, housing prices, and tenants' varying needs and preferences.
  - While geographic diversity is preferred so that those who are unhoused can remain in their own community, housing price realities also must be considered in siting units.
  - In the first five years of the plan, the mix between leased and developed units will be 60% leased and 40% developed, and that units will first be leased.
  - The housing pipeline will be evaluated as needed and at least twice a year.
  - To assist in evaluating the housing pipeline and to aid in development efforts, each jurisdiction is asked to track and provide to the Plan Implementation Oversight Body on an on-going basis:
    - Units in that jurisdiction's pipeline by income level
    - Inventory of vacant land suitable for development for permanent housing
    - Inventory of units appropriate for ELI housing if rehabilitated
    - Inventory of vacant units by income level

- The Plan Implementation Oversight Body will explore utilizing the existing HousingSCC web-based inventory of affordable housing to track units available by income level in each jurisdiction.
  - Provide incentives for developers to dedicate units to extremely low income/unhoused people by targeting jurisdictional revenue to activities which help to sustain affordability of the units such as debt reduction, rental subsidies, long-term leases with rental caps.
  - Engage local landlords and housing developers including through Real Estate Associations to rent/build units for chronically unhoused population
  - Designate an office, such as in the Housing Authority of Santa Clara County, or through HousingSCC, to be responsible for encouraging landlords to accept unhoused people as tenants by conducting outreach and education about homelessness and the availability of support services to resolve problems and facilitate ongoing tenant stability.
- ⇒ Set rental rates to be consistent with the needs of chronically unhoused people. Currently it is anticipated that:
- 1,000 units will be developed which are affordable to people with extremely low incomes (0-30% of the area median income),
  - 500 units will be leased and require shallow rental subsidies for a period of two years, and
  - 1,000 unit will be leased and require deep rental subsidies for some period, and then shallower rental subsidies on an on-going basis.
- ⇒ Access to permanent units will be through either:
- Immediate placement; or
  - Guaranteed placement after completion of a 60-90 day stay in service-enriched interim housing (those leaving early are still eligible for Housing First program).

Which approach is utilized for a particular person will depend upon housing available, consumer choice and landlord preferences. The successes of tenants entering permanent housing under both approaches will be tracked and resources adapted accordingly.

- ⇒ Convert transitional housing units currently serving chronically unhoused people to permanent housing and amend as needed zoning and other regulations to permit conversion.
- ⇒ Emergency shelters primarily serving chronically unhoused people should be converted as feasible to service-enriched interim housing; no additional emergency shelters for chronically unhoused people should be created.

**Strategy #2 Provide Supportive Services.**

Supportive services will be available to tenants of all permanent supportive housing programs at venues which ensure easy access, and on-site is the preference. The package of services and support will be integrated and individualized designed to maximize health, self-sufficiency and quality of life.

## ENGAGING UNHOUSED PEOPLE IN OUR SYSTEM OF SERVICES AND HOUSING

Did you know. . .

Santa Clara County has in place an infrastructure for information and referral:

Through the Community Technology Alliance these services are available communitywide: A toll-free *shelter bed hotline* (1-800 7SHELTER) provides information about shelter in the nine Bay Area Counties. SCC callers can hear information in Spanish or English and, in most cases, speak directly to shelter staff for accurate information about current bed availability. The *Community VoiceMail* system provides telephone capability directly to the homeless or near homeless, enabling them to attain housing and job information to increase their independence, self-esteem, and self-determination. *HelpSCC*, an internet based directory of up-to-date, accurate information about SCC health and human services, allows staff at agencies and populations at risk to find the services they need. *Housing SCC* provides online information about subsidized housing searchable by wait list status, services, amenities and population served.

## ***OUTREACH TO AND ENGAGEMENT OF UNHOUSED PEOPLE***

### ***Enhance Outreach To Link Unhoused people With Housing, Treatment and Services***

*OUTREACH* is an essential tool for reaching many unhoused people, especially those who have been chronically homeless and/or have mental health or addiction disabilities. This population is often paranoid and extremely reluctant to interact with the service system due to previous negative experiences. Outreach teams bring services out to clients and provide them in a manner that is sensitive to the “street or outsider” culture they have been living in. In this manner, they are able to build trust, engage clients and help them to access the assistance they need to transition back to housing and health.

#### **Strategy #1 Expand outreach capacity and enhance effectiveness through the creation of Four Multi-Disciplinary Outreach and Services Teams operating according to the principles of Assertive Community Treatment (ACT.)**

Assertive Community Treatment (ACT) is a type of service provision that is proven in its effectiveness at engaging hard-to-reach homeless people. Outreach teams operating according to ACT principles focus initially on developing a trusting relationship with clients and on meeting their immediate needs. Building trust will require that the ACT outreach teams have the resources needed to deliver what they have promised. Once the client’s situation has stabilized and a rapport is established, the teams work intensively to link clients with housing and the services they need to move out of homelessness.

#### *Action Steps*

- ⇒ Implement four, 2-5 person multidisciplinary ACT outreach teams – 2 to operate in Central County, 1 in Northern County and 1 in Southern County. Team members will be culturally-competent and multilingual and will include a nurse, mental health and substance abuse professionals and benefits experts. Some members of each team will be currently or recently homeless. The ACT outreach team will be the County’s core outreach team around which all other outreach efforts will be coordinated. The team will provide first aid and refer for other treatment, ensuring that an appointment for services needed is obtained, that there is transportation to the services site and post-treatment follow-up.
  
- ⇒ Provide the ACT team with laptop computers or other wireless capability to facilitate in-field intakes, assessments, referrals and benefits eligibility and application processing.



- ⇒ Create capacity for targeted outreach to sub-populations with special needs by teaming the core ACT team with other existing outreach workers. Services will be targeted to people who are physically disabled, those needing respite care, seniors, transgender individuals, and undocumented residents.
- ⇒ Design an ongoing training regime for outreach workers using a variety of techniques, including observational training; mentoring; case conferencing; and training workshops. Develop manuals on topics such ACT principles, use of service incentives and other effective outreach techniques, causes and condition of homelessness and chronic homelessness, and cultural competency.

**Strategy #2 Enhance collaboration between outreach workers and facilitate referrals to housing and support services.**

Key to effective outreach is being able to link clients with assistance when they are ready to accept it. Therefore, it is essential that outreach workers have ready access to accurate information about available housing and services and the ability to refer clients for housing and service slots in a timely manner.

*Action Steps*

- ⇒ Designate a non-profit agency as the home agency for the ACT outreach team and coordinator of all outreach efforts in the County.
- ⇒ Create a centralized and continually updated database which provides real time information about housing and services available in the County by integrating the different data systems already available (for example, HousingSCC, HelpSCC, the Shelter Bed Hotline).
- ⇒ Designate an office, such as in the Housing Authority of Santa Clara County, or through HousingSCC, to provide centralized coordination of the availability of affordable housing units in the County, including ongoing updating of the County database.
- ⇒ Create a centralized communication system, like a call-in phone number, to be used by outreach workers to facilitate communication with the lead agency and between outreach workers and to provide easy access to referrals and other services.
- ⇒ Develop referral agreements between outreach workers and other housing and service providers and designate priority access to housing and treatment slots for clients engaged by outreach workers.

- ⇒ Expand the availability of published resource information about housing and services to unhoused people and other interested citizens, informed by input from unhoused people. Distribute this information through the outreach teams, supportive merchants, churches and other community organizations.
- ⇒ Host regular “Services and Housing Fairs” in all parts of the County for chronically unhoused people which provide information and immediate assessment and referral to services and housing needed, and income benefits assessment and applications.
- ⇒ Engage the community, including County employees, in telephoning an outreach hotline number to report the location of a person living on the streets who may need assistance by the outreach team.

## ***INCREASING INCOMES THROUGH BENEFITS ACCESS AND EMPLOYMENT***

**Did you know . . . .**

**Santa Clara County has a new project designed to . . .**

***Break Down Barriers to Drug and Alcohol and Mental Health Services.*** Several agencies (community-based, as well as SCC Mental Health, Department of Alcohol and Drug Services, Office of Affordable Housing, Superior Court's Mental Health Treatment Court, Drug Treatment Court, U.S. Department of Veterans Affairs) collaborate together as the Navigator Project to provide outreach, engagement and housing including important systems and programmatic changes which remove some barriers to chronically unhoused people accessing services/housing: case management for those dually diagnosed who "fall between the cracks" of Department of Alcohol and Drug Services (DADS) and Department of Mental Health treatment criteria; case management of clients who are DADS-eligible and enrolled in DADS services (which is not currently provided) and provision of interdisciplinary services between DADS and Mental Health.

***Create volunteer opportunities, leading to jobs, for unhoused people in Palo Alto.*** The Palo Alto Downtown Streets Team is a pilot program from the Palo Alto Downtown Business and Professional Association. The program offers unhoused persons the opportunity to earn vouchers for personal goods in return for helping to maintain the downtown Palo Alto streets. The goal of the program is to introduce unhoused people to organizations that will provide them with job skill training, social support services and paid employment experience.

## *Enhance Access to Safety Net Benefits, Treatment and Employment*

*SAFETY NET BENEFITS* include income support such as CalWORKs, General Assistance, Food Stamps and Social Security Administration programs (SSA/SSDI/SSI); health insurance such as MediCal and Medicare; and employment-related assistance through the Department of Rehabilitation and the Employment Development Department (unemployment and SDI). These programs offer crucial support that can prevent people from becoming homeless in the first place and for those already homeless, provide resources to assist them in regaining housing and stability.

Despite high levels of poverty and disability, surveys indicate that 57.9% of Santa Clara County's homeless population is receiving no benefits. Case manager and outreach worker experience also indicate that there are many people who are not receiving the full array of benefits for which they are eligible. Reasons for this include a lack of information about the range of benefits available, difficulties in completing all the different application requirements and producing the necessary documentation, and/or fear or reluctance to access the service system because of previous negative experiences. Ensuring that unhoused people are receiving the full range of benefits for which they are eligible is a crucial aspect of putting together the comprehensive package of assistance they need to regain housing and maintain stability for the long term.

**Strategy #1 Streamline access to benefits by unhoused people.** Using technology to allow for a single application to multiple benefits programs will make it much easier for people to obtain benefits for which they are eligible and will facilitate efforts by case managers to assemble a comprehensive package of assistance for their clients. Likewise, adoption of a presumptive eligibility policy for County-administered benefits will remove unnecessary barriers and speed access for those who meet criteria that indicate their likely eligibility. Finally, for chronically unhoused people and others outside of the service system, the development of a Mobile Benefits Team will facilitate efforts to link this hard-to-reach population with the supports they need to get off the streets.

### *Action Steps*

- ⇒ Design a Global Benefits Access System to electronically assess client eligibility for federal, state and local benefits and then automatically submit applications to all appropriate programs. This system will also enable sharing of eligibility verification information (birth certificates, doctors reports) across benefits programs and staff will provide necessary assistance in completing applications and compiling documentation. This service will be available at multiple, easily-accessible sites throughout the County and through mobile teams.
  
- ⇒ Adopt a policy of presumptive eligibility for County administered benefits programs, including Food Stamps, CalWORKs, General Assistance and MediCal.

Under this policy, a certain degree of assistance will be immediately provided to clients presumed eligible, and full benefits will be awarded once eligibility is confirmed through the formal application process. The County Social Services Agency will determine presumptive eligibility criteria for all County-administered benefit programs, including presuming that any homeless adult is eligible to immediately receive General Assistance and a public transit voucher. They will also develop mechanisms for monitoring the costs and benefits of this policy.

- ⇒ To support benefits access and receipt, 1) train case managers to provide benefits advocacy when needed by clients, to provide ongoing monitoring of benefits receipt, and to take necessary action to avert unnecessary loss of benefits by clients; 2) provide, through existing community based services organizations, peer support to benefits applicants.
  
- ⇒ Create a Mobile Benefits Team to assist chronically unhoused people and other hard-to-reach homeless populations in obtaining benefits for which they are eligible. The Team will use the Global Benefits Access System through mobile lap-top computers.

**Strategy #2 Hold all County Departments accountable for their success in preventing and ending homelessness.**

People who are homeless or at-risk of becoming homeless are often in touch with County Departments administering benefits programs and other safety net services. As such, these Departments can play a crucial role in early identification of people in need of assistance and in linking them with the broader network of mainstream and homeless services that can help them avoid or exit homelessness.

*Action Steps*

- ⇒ Implement homeless and housing related outcome measures for all County Departments as part of their Performance Based Budgeting process. Measures will be appropriate for each Department's function, but will, at a minimum, include the housing status of clients at intake and exit as well as homelessness-related services provided, directly or through referral.

**Strategy #3 Advocate for changes to state and federal statutes and regulations.**

Currently, there are many unnecessary barriers impeding unhoused people's access to mainstream benefits that can only be resolved through statutory or regulatory changes at the federal and state level. Joint advocacy across the Bay Area can help to focus attention on these issues and bring about needed changes. Each jurisdiction is asked to utilize the resources of its lobbyist to implement these action steps.

### *Action Steps*

- ⇒ Advocate for state level changes, including state support for the necessary infrastructure to implement CalWIN, to cooperate in the development of the local Global Benefits Access System and reduce the eligibility requirements for Food Stamps so that people need not be so economically destitute to qualify.
  
- ⇒ Advocate for federal level changes, including the elimination of the practice of regularly declining valid SSI applications when they are the individual's first application.

TREATMENT for health, mental health and substance abuse problems is needed by many unhoused people, especially those who are chronically homeless. In some cases, these conditions are the cause of homelessness and in other cases, they are the result of the difficulties of life on the streets and in shelters. In all cases, treatment is needed to assist the individual in regaining health and stability. In order to meet the full range of need, system capacity must be expanded and outreach efforts reinstated to reach those who are fearful or reluctant to access services.

### **Strategy #4 Expand needed health, mental health and substance abuse treatment.**

There is a need for better health care assessments and referrals for unhoused people who make contact with the system, and a need for ancillary services to meet podiatry, dental and vision needs. Lack of system capacity makes mental health treatment difficult to access, even for those diagnosed with a Severe Mental Illness (SMI). For those incapacitated by chronic depression or other mental health problems short of a diagnosed SMI, it is nearly impossible to obtain mental health services. Similarly, the availability of drug and alcohol treatment falls far short of the need, with an insufficient supply of residential treatment beds and a need for a detoxification center that does not operate under the auspices of law enforcement.

### *Action Steps*

- ⇒ Establish a standard holistic health assessment protocol for comprehensive health and well-being assessments and a system of referrals for all unhoused people making contact with the health care system.
  
- ⇒ Enhance existing health care services available to unhoused people to include podiatry, dental and vision (including eyeglasses) services.
  
- ⇒ Expand the capacity of the Department of Mental Health to provide treatment for people diagnosed as Seriously Mentally Ill (SMI) as well as for those who have mental health problems but who are not diagnosable as SMI.

- ⇒ Establish a detoxification center that provides wraparound services with a philosophy of holistic health and is not connected to law enforcement.
- ⇒ Expand the number of residential treatment beds in the County.

EMPLOYMENT is an essential aspect of helping unhoused people achieve independence and self-sufficiency. In order to move out of homelessness for the long term, people need access to employment opportunities that will allow them to afford housing, cover basic necessities and begin accumulating savings as a cushion against unexpected emergencies that could threaten their ongoing ability to maintain housing.

**Strategy #5 Increase the number of jobs and employers available.**

In order to assist unhoused people in accessing jobs, more training and employment opportunities are needed. This will require a concerted countywide effort, involving the private, public and non-profit sectors, to provide training and employment opportunities targeted specifically to unhoused people including through entrepreneurial models. Because it has been shown to be successful for employing chronically unhoused people, the plan calls for using a Customized Employment model.

Customized employment involves individualizing the employment relationship to meet the needs of the job seeker and the employer. Under this model, job development begins from the individual job seeker's perspective rather than the labor market perspective. The first step in customized employment is to get to know the job seeker for the purpose of developing a "blueprint," so to speak, of the job that will be custom tailored to them. The job developer negotiates a unique employment relationship based upon the parameters identified as conditions of employment for the person and the individual's contributions and meshing these with the needs of the employer, rather than looking for job openings. Support is provided to the job seeker and employer during the course of the employment relationship toward successful job retention and promotion.

*Action Steps*

- ⇒ Utilize a Customized Employment model through WIA One-Stops to increase the number of public and private employers who hire unhoused people into jobs that pay, or promote to, a wage sufficient to afford housing. Specifically target efforts to promote the hiring of people who are/have been chronically homeless and people who are age 50 and older.
- ⇒ To accommodate job placement, create a web-based databank of currently and recently unhoused Job Seekers with relevant qualifications and promote its use as a first-stop for employers seeking to hire.

- ⇒ Work with the private, public and non-profit sectors to increase training and volunteer opportunities available to unhoused people.
- ⇒ Use an entrepreneurial model to create jobs for unhoused people.
- ⇒ Expand Local Government Hiring Programs by securing commitments from all Cities and the County to place a priority on hiring homeless and formerly unhoused people. Work to replicate Palo Alto’s seasonal worker program.
- ⇒ Expand transportation options available to unhoused people, especially those commuting to and from work.
  - Provide free transportation on VTA through case managers for those who are chronically homeless or at-risk of chronic homelessness, case managed and employed or in training for employment.



## ***GARNERING THE RESOURCES***

Did you know . .

Housing investments produce jobs and create higher tax revenues: \$18 million in county expenditures can leverage \$90 million in construction contracts. This creates 1,000 jobs and generates \$5 million in employment taxes.

Increasing access to affordable housing reduces expenditures on social services. Data from New York show that it costs only \$1,000 more per unit per year to permanently house an unhoused person than it does to maintain that person's homelessness. Data from Minnesota show the one supportive housing development resulted in a reduction of crisis costs of \$6,300 per family and a shift to supportive and preventive services. Over 1,000 admissions to detox were prevented as a result of supportive housing and the median cost of health care was reduced from just over \$9,000 per year per resident to just over \$5,000.

## FUNDING AND REVENUE

### *Generate the Revenue to Support Implementation of the Plan*

As convinced as we are that we know how to end chronic homelessness, we are equally certain that we cannot achieve this goal without generating additional local, State, Federal, philanthropic and business contributions to our work.

Our strategies include mechanisms both to increase revenue and to improve the use of currently existing funds.

### **Develop A New, Dedicated Source of Funding**

#### **Strategy #1 Develop a new, local dedicated sustainable source of funding to implement this Plan.**

While we will work to increase funding for housing and services for unhoused people from the federal and state levels of government, we should not count on such funding exclusively. Our funding strategy must include the development of a new dedicated and sustainable source of funding at the local level.

- ⇒ Commission an analysis to advise the 10-Year Plan Implementation Oversight Body by November, 2005 on the appropriate vehicle(s) to utilize to create a County and/or City dedicated source of funding including:
  - The political and popular feasibility of the source
  - How much revenue could be generated
  - The adverse affect on any industry, market or population
- ⇒ Because activity which may influence the analysis called for in the action step above is on-going, immediately appoint an “interactive watcher” to monitor and interact with groups who currently are polling and considering priorities for generating additional local revenue to further the goals of this plan.
- ⇒ By March, 2006, the 10-Year Plan Implementation Oversight Body will have determined the vehicle(s) to implement and take action toward implementation.

### **Create Public Awareness and Support**

We will end chronic homelessness only with the support of the community – manifested, for example, by votes, donations, support for siting of housing and services,

voluntary activity. It is important that the community understand that this effort can be successful and of benefit to the entire County.

**Strategy #2 Increase the public awareness of homelessness, its effects, what is required to end it and the benefits to each jurisdiction and entire community when it has ended.**

Create a comprehensive marketing strategy, raising the level of consciousness around issues related to homelessness, and demonstrating that homelessness can be ended, it is fiscally prudent to invest in ending it, and the community-wide and community-specific benefits to ending it.

- ⇒ Utilizing data from County mainstream providers and the criminal justice system and the homeless housing and services providers, prepare a cost-effectiveness analysis of permanent supportive housing within Santa Clara County; continue to update this analysis annually.
- ⇒ Reframe the issue from “homelessness,” or an “affordable housing crisis” to issues community members are most concerned about, such as “Community Health,” “Children’s Educational Outcomes,” “Supporting our Veterans,” “Increased Tax Base as Housing is Built and Employment Increases,” or “Clean Streets”
- ⇒ Use success stories and best practices from within the County and in other localities which have significantly decreased the number of chronically unhoused residents
- ⇒ Use a variety of media and forums to publish the message, include creation of a 10-Year Plan Webpage including a copy of the Plan, the Plan Implementation Detail, regular report cards of progress, a calendar of community convenings to support implementation and a simple list of what residents can do to help
- ⇒ Engage our private and public foundations and the business community as partners in this public awareness and support campaign.

## **Attract Additional Resources through Existing Funding Streams**

In addition to creating a new source of local funding, we can improve our activity directed toward existing funding streams contributions toward ending chronic homelessness.

### **Strategy #3 Engage the Philanthropic Community in Making Grants to Implement the Plan.**

Cognizant that this plan seeks to end chronic homelessness while there is a need in our community to prevent *all* homelessness (especially through the development of housing affordable to those with extremely low incomes), and to serve and house *all* people who are homeless, this plan does not call for the redirection of philanthropic gifts away from programs meeting those needs. Rather, we seek to engage the philanthropic community in making additional one-time gifts toward plan implementation, and to establish funds dedicated toward plan implementation into which their donors may contribute.

- ⇒ The 10-Year Plan Implementation Oversight Body will appoint a small group of community leaders, including a member of the Board of Supervisors, to approach the top philanthropic organizations/foundations in the County to create plan implementation funds and/or contribute toward plan implementation
- ⇒ The implementation activities of this plan will be matched to the funding priorities of each organization/foundation approached
- ⇒ If desirable to the funder, the 10-Year Plan Implementation Oversight Body will use various media and forums to publicly acknowledge the generosity of the funder

### **Strategy #4 Engage the Business Community to Contribute Toward Implementation of the Plan.**

- ⇒ The 10-Year Plan Implementation Oversight Body will appoint a small group of community leaders, including a member of the Board of Supervisors, to approach the top businesses in the County to contribute to a selected Fund with such contributions earmarked for implementation of this plan
- ⇒ The 10-Year Plan Implementation Oversight Body will use various media and forums to publicly acknowledge the generosity of the giver

### **Strategy #5 Build Capacity for Successful Applications for Federal and State Grants.**

State and Federal agencies publish notices of funding availability for services and housing for unhoused people often with short application deadlines. Many funding notices state a preference to fund projects co-sponsored by collaboratives of government and nonprofit agencies. It is frequently difficult for the community to prepare a timely, collaborative application, given current resources.

- ⇒ Add an additional \$50,000 to the Office of Affordable Housing, Homeless Concerns Coordinator's budget to be utilized to prepare timely grant applications for State or Federal grants, each in excess of \$300,000

⇒ Evaluate the success of the investment for subsequent years and adjust the budget accordingly

**Strategy #6 Align goals and strategies of this plan with Proposition 63 strategic goals in order to maximize a portion of new and existing mental health treatment and housing support funding to meet the goals of this Plan.**

A plethora of studies confirm that chronically unhoused people suffering from mental illness stabilize and have extremely high rates of housing retention over multiple years when they are able to access permanent supportive housing. It is appropriate for the County's Proposition 63 funding to be utilized for housing and services for chronically homeless adults, families and children.

⇒ 10-Year Plan Task Force members, or their designees, should actively participate in the County's on-going planning process for use of Proposition 63 dollars and to inform that process about the goals of this plan and appropriateness of use of Proposition 63 funds to implement its goals.

**Strategy #7. Advocate for an increased investment by the State of California and Federal government in ending homelessness by increasing funding available for supportive services and permanent housing for people who are homeless.**

⇒ Each jurisdiction is encouraged to utilize its lobbyist to meet this strategy. The investment must be in addition to current expenditures - it does not work toward meeting our goal if the State and Federal government redirect funding from one source helping to prevent or end homelessness to measures which work to reduce chronic homelessness.

⇒ Support the Housing Authority of Santa Clara County in its request for a HUD Moving-to-Work (MTW) Housing Demonstration Program for Santa Clara County.

## **Streamline the Funding Process on the Federal, State and Local Levels for New Investment in Plan Implementation**

There currently are inefficiencies in how funds are distributed at the local, state and federal level, and realignment and streamlining will decrease the cost of grant administration to the funder and grant recipient, as well as permit the community to implement funding strategies across different funding streams.

**Strategy #8: Advocate for federal and state governments to make funding distribution changes to create a single repository of funds.**

- ⇒ Engage the federal and state governments to restructure distribution of competitive grants targeted to homeless services and housing, creating a community repository of various federal and state funding streams that would permit coordinated funding strategies and coordinated funding applications.

**Strategy #9: Each City and the Urban County which receives federal block grant funding for which funding of homeless services and housing are eligible - e.g. CDBG, HOME and ESG - should dedicate an annually determined percentage of those funds to a single repository to support implementation of this plan. The application process for the consolidated funds will be coordinated and streamlined between jurisdictions.**

- ⇒ Annual amount to be recommended by a group to be designated, such as the existing CDBG Coordinators Group to the 10-Year Plan Implementation Oversight Body
- ⇒ Repository of funds to be administered by a group to be designated, such as the existing CDBG Coordinators Group, including RFP requirements and grant award process

**Strategy #10: Coordinate and streamline funding application processes for and administration of City/County-funded grants between jurisdictions. By streamlining the distribution of funding at the city and county level, a reduction in time and effort necessary to apply for, administer and evaluate each individual fund will result, consequently saving resources that can then be reinvested in homeless services/housing.**

- ⇒ A representative of each locally-funded grant stream will meet as part of a County-wide Grant Coordination Work Group which also will include representative members of the services/housing providers and which reports to the 10-Year Plan Implementation Oversight Body
- ⇒ The County-wide Grant Coordination Work Group will be charged with aligning funding cycles and creating uniform application/RFP requirements, coordinated assessment tools and other processes which will result in streamlined distribution of local funding
- ⇒ The County-wide Grant Coordination Work Group will track the amount of resources saved through this streamlined process and those savings will be earmarked by each jurisdiction for investment in implementation of this Plan

## Determining Funding Goals

Credible cost estimates need to be prepared for each portion of this Plan. By October, 2005, the entity designated in the Plan Implementation Chart will estimate the cost of implementing the corresponding strategy/action step, including the following information:

- ⇒ Total estimated budget to initially implement
- ⇒ Less resources on hand to implement
- ⇒ Less additional resources reasonably expected to be leveraged
- ⇒ Balance: amount to be raised to implement the strategy/action step
  
- ⇒ Total estimated budget to sustain the strategy/action step annually
- ⇒ Less resources on hand to implement
- ⇒ Less additional resources reasonably expected to be leveraged
- ⇒ Balance: amount to be raised to sustain the strategy/action step

By November, 2005, the Plan Implementation Oversight Body will analyze the information submitted and determine a fund-raising goal for implementation of the plan, and apportion fund-raising goals for various segments such as philanthropy, business, federal and state resources, and a new local dedicated source of funding.

## PLAN ADMINISTRATION

Did you know . .

Santa Clara County has a nationally recognized Homeless Management Information System.

The Collaborative on Affordable Housing and Homeless Issues' web-based centralized HMIS has successfully completed its preparatory and pilot project implementation phases, and as of January, 2004 has "gone live." The system, operated by Community Technology Alliance, permits uniform intake and assessment processes, coordinated case management, accurate point-in-time and cumulative counts of service usage, consistent demographic information on those served, and better identification of gaps and emerging needs in our Continuum of Care.

Santa Clara County has one of the most mature Continuums of Care, and the Collaborative on Affordable Housing and Homeless Issues is considered a best practice example by HUD.

The Collaborative is the lead entity for the Continuum of Care process and official forum for planning and implementing a response to end homelessness in SCC. The work of the Collaborative is shared by its members with staffing support provided by the County Homeless Concerns Coordinator (located within the County Executive's Office of Affordable Housing). Membership in the Collaborative is "open" to anyone interested in the community's response to homelessness. In the past year, the Collaborative's members consisted of over 250 representatives from 160 mainstream, faith-based and homeless-directed supportive service and housing providers including the County, the county's cities and towns, local housing providers, affordable housing developers, law enforcement, health care providers, educators, advocates, homeless and formerly homeless persons, advocacy groups, foundations and funders, businesses, educators, Veterans groups, legal services providers, concerned citizens and elected officials. The Collaborative is an unincorporated public benefit corporation with a *Steering* Committee as its board of directors.



## ***PLAN MANAGEMENT: Implementation Oversight and Measuring Success***

Integral to meeting our goal to end long-term homelessness is diligent oversight of plan implementation, continued assessment of the needs of chronically unhoused people, regular measurement of our success in meeting specific outcomes and adaptation of strategies and action steps to meet changing circumstances.

### PLAN IMPLEMENTATION OVERSIGHT

#### **Strategy #1 A Plan Implementation Oversight Body will be created by the Santa Clara County Board of Supervisors and charged with primary responsibility to ensure plan implementation.**

Ensuring that strategies are actually implemented requires the experience, skills and resources of the County Board of Supervisors, County health and human services, housing and criminal justice system agency and department directors, each of the Cities, business, labor, philanthropy and funders, housing developers, nonprofit services and housing providers, unhoused people and the State and Federal government. The Task Force which created this plan has representatives of each of those segments of the community and the Plan Implementation Oversight Body will emulate that model.

Implementation of certain strategies and action steps may require the assistance of decision-makers not part of the Oversight Body, such as particular City Councils or County agencies. Therefore jurisdictional representatives serving on the Oversight Body will partner with others within their jurisdictions who can champion local action to meet plan goals.

Cognizant that this group will be constrained by size and other responsibilities to diligently monitor implementation on a day-to-day basis, their work will be supported both by a dedicated, full-time senior-level County employee and by a collective of organizations with deep experience in serving and housing unhoused people, such as the Santa Clara County Collaborative on Affordable Housing and Homeless Issues.

#### *Action Steps*

- ⇒ By July, 2005, establish a Plan Implementation Oversight Body emulating the representation of the Task Force which created the 10-Year Plan, with increased representation from the business community and the State, with responsibilities to:
  - Meet at least quarterly;
  - Monitor plan implementation activity;
  - Assist within the constituency which the member represents to implement plan strategies;
  - Monitor success in achieving plan outcomes;

- Recommend plan amendments to the Board of Supervisors;
  - Report at least semi-annually to the Board of Supervisors.
- ⇒ Invite the Santa Clara Countywide Collaborative on Affordable Housing and Homeless Issues to assist the Plan Implementation Oversight Body by assuming on-going plan implementation oversight, and reporting to the Oversight Body on implementation activity, outcome successes, emerging needs and assistance required to meet the goals of this plan.
- ⇒ Create a new senior-level, full time position within the County Office of Affordable Housing devoted exclusively to oversight of plan implementation including staffing the Plan Implementation Oversight Body.

## MEASURING SUCCESS

Measuring success is important to monitor the distance to our goal, to alert us to the need to consider plan adjustments and, because they are being asked to help support the plan, to engage the entire community in the work to end homelessness.

### **Strategy #1 Each plan component will contain data-based outcome measures for intermediate and long-term goals which are realistic but challenging to meet our over-all goal.**

- ⇒ Each plan component currently contains outcome measures. Should additional components be added to the plan as a new need emerges, outcome measures will be set for those as well.
- ⇒ Each agency/organization implementing a specific portion of this plan, for example, a nonprofit agency providing case management services, will be asked to develop outcomes to measure success in achieving the goals of this plan over factors such as homeless prevention, housing placement and retention, increased income and improved health.

### **Strategy #2 Measure success in meeting outcomes utilizing the Homeless Management Information System as the central data source.**

The County's HMIS will be developed and expanded in order to provide a uniform, accurate, and single source for measuring the outcomes laid forth in the Ten Year Plan.

#### *Action steps*

- ⇒ Participation of homeless and mainstream service providers will be expanded in order to ensure that the data is reliable.

- ⇒ Data from County and City “mainstream” (Health and Hospital, Social Services and Criminal Justice) systems will be linked to the HMIS. The data linked will be “de-identified,” that is, not reveal the identity of the person whose data is linked.
  - Representatives from these systems and County Counsel will meet to determine how data can be shared to 1) assist in client assessment and treatment and/or 2) assist in measuring plan outcomes while maintaining legal obligations for client confidentiality and privacy.
- ⇒ Ensure that we are collecting data which will measure success in meeting outcomes, including by:
  - determining a process for collecting housing retention data, and
  - conducting a street, shelter and transitional housing count and needs assessment every other year.

**Strategy #3 Track and communicate successes in engaging and housing chronically unhoused people to engage the community in the response to homelessness.** Publish accurate information in public places, utilizing a “report card” format, which chronicles the successes as our plan is implemented. Also target private landlords, housing developers, and real estate associations and others who may then choose to assist in implementing the plan.

*Action steps*

- ⇒ Utilize the data collected by HMIS to aggregate information and track the number of people engaged in the continuum of care, the number and types of services offered, and the housing units obtained by clients. Couple this information with testimonials from the formerly homeless about their experiences with the outreach efforts and their successes in getting housed.
- ⇒ Develop a Public Relations/Communications Team to travel throughout Santa Clara County and speak to City Councils, businesses, discharging institutions, churches, schools and the homeless population about the successes of the outreach team in engaging and housing unhoused people. This team will coordinate the information released to the media, making certain to reach out to culturally specific, multilingual media, and maintaining privacy standards in all data releases.
- ⇒ Engage various community groups, such as fire departments, the Veterans Association, and law enforcement departments, through localized community events, simultaneously fostering goodwill and educating the community on the presence and success of the outreach team.

**Strategy #4 Analyze Data to Sustain and Improve Response to Chronic Homelessness.**

A designated County entity will analyze data as a basis for policy analysis and recommendations to the Plan Implementation Oversight Body for plan amendment.

*Action Steps*

- ⇒ The Office of Affordable Housing will be charged with *overseeing* the analysis of data, and with making recommendations to the Oversight Body for plan amendment
- ⇒ The staffing of or budgetary resources of the Office of Affordable Housing will be increased to permit effective data analysis.

# APPENDIX A

The Plan Implementation Oversight Body will be presented with an Implementation Chart emulating the prototype which follows:

## IMPLEMENTATION CHART

<b>Outcome objective</b>	<b>Strategies/Action steps</b>	<b>Entity to Estimate Budget</b>	<b>Responsible organization</b>	<b>Target dates</b>	<b>Current status</b>

Outcome objectives, strategies and action steps will be included in the Chart. The Plan Implementation Oversight Body will complete the remaining columns to track its work.